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Motivational Interviewing to Address Suicidal Ideation (MI-SI): A Pilot Study

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Outline of Talk

1. Why develop a brief suicide intervention for hospitalized Veterans?

2. Why use Motivational Interviewing?

3. What did the pilot study find?

Psychiatrically Hospitalized Veterans and Risk for Suicide (Valenstein, et al., 2009)

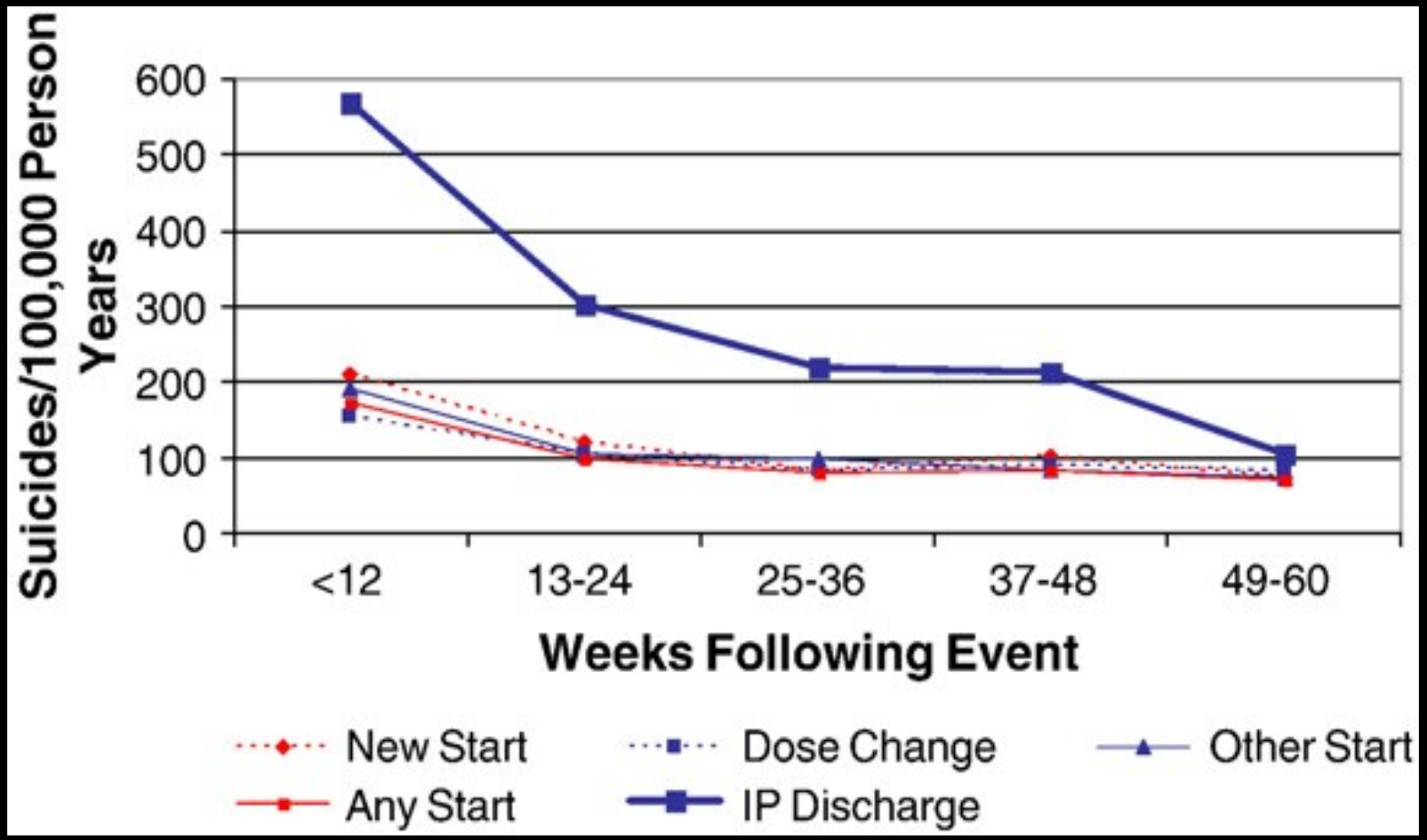
- Retrospective cohort study of 887,859 veterans who received treatment for depression from VHA
- Overall suicide rate was 114/100,000 p-y (95% CI = 108 to 120)
- Suicide rate In the 12 weeks following hospitalization was 568/100,000 p-y (95% CI = 493 to

Suicides in Veterans Discharged from Psychiatric Hospitalization (Desai, et al., 2005)

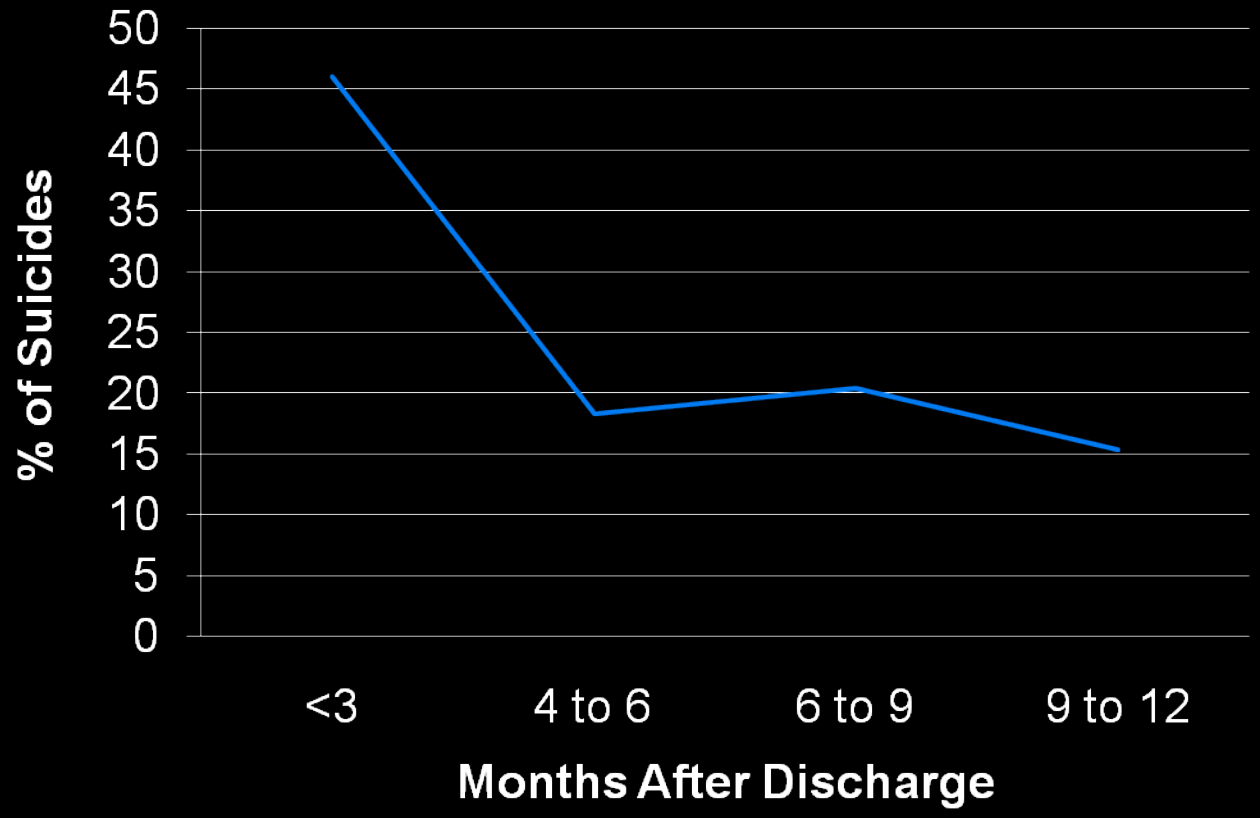
- Retrospective cohort study of 121,933 patients with depression, schizophrenia, bipolar disorder, or PTSD (only 1st discharge)

- The suicide rate was 44.5/10,000 p-y (SD = 31.99)

Rate of Suicide After Discharge (Valenstein, et al., 2009)



Percentage of Suicides after Discharge (Desai, et al., 2005)



The Internal Debate Hypothesis

"...the overt suicidal act is viewed as the outcome of the internal subjective struggle between the wish to die and the wish to live, rather than the consequence of a single unidirectional motivation."

Kovacs & Beck, 1977

Ambivalence and Suicide

- Wish to die > wish to live is:
  - Associated with greater intent to die in attempters (Kovacs & Beck, 1977)
  - Associated with greater risk for suicide in outpatients (Brown et. al, 2005)

What is Motivational Interviewing?

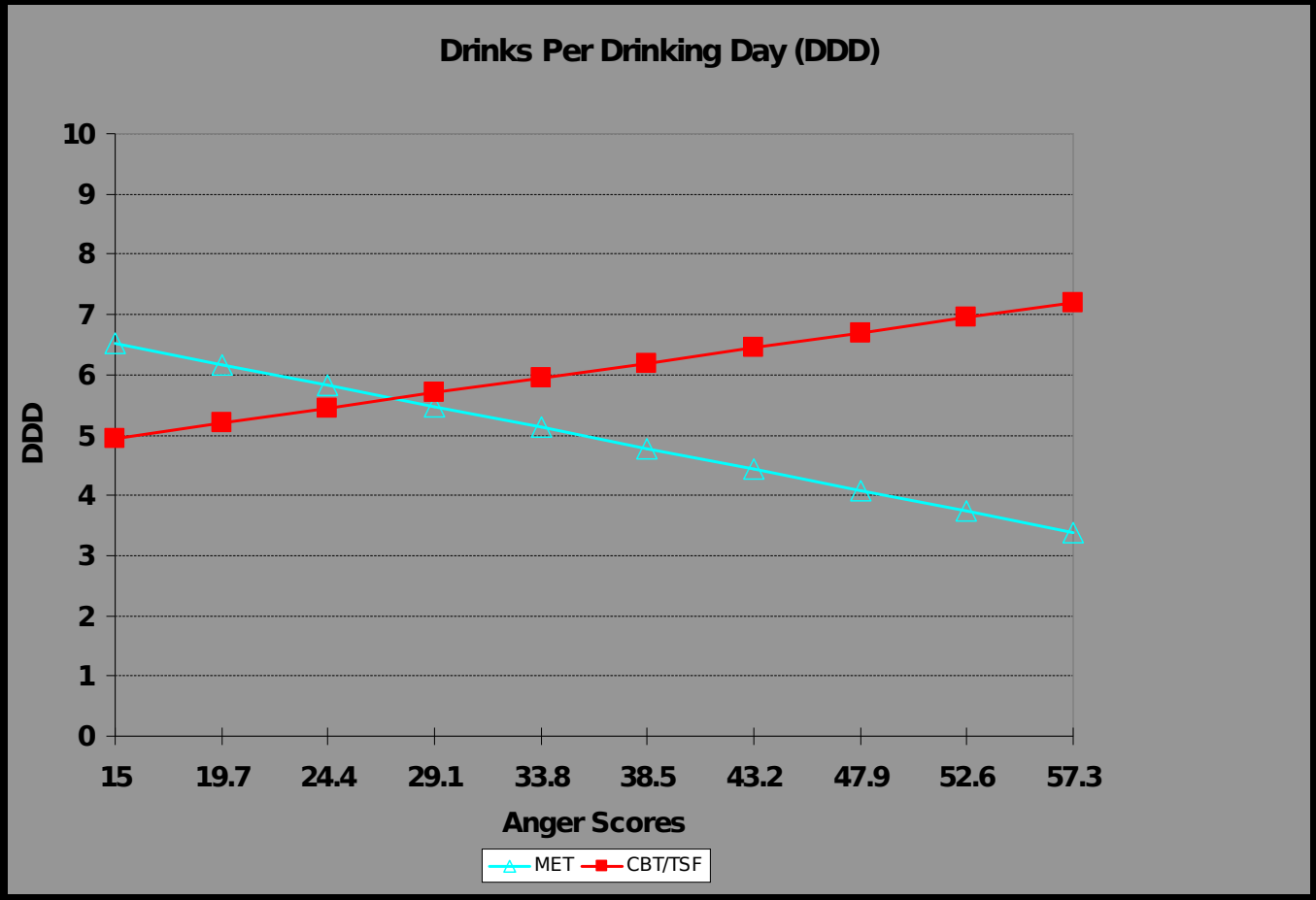
- Motivational Interviewing is a
  - client-centered
  - directive
  - method of communication

  for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Meta-Analysis of 72 RCTs (2 sessions; Hettema, et al., 2005)

- MI is more effective than no intervention, for a variety of problems.
- When added to other treatments, an initial session of MI increases retention and improves treatment outcome.
- MI often yields comparable outcomes to more intensive

Project MATCH: MET worked better with angry clients



Other MI Findings

- In individuals hospitalized for alcohol-related injuries, MI reduced alcohol-related re-injury by over 50% (Gentilello, et al., 1999)

- Non-research clinicians can be trained use MI effectively (Carroll, et al., 2006; Morgenstern, et al., 2007)

How MI works (Miller & Rose, 2010)

- Relational Component
  - Empathy
  - MI Spirit (evocation, collaboration, autonomy support, direction)
- Technical Component
  - Reflections, open questions, affirmations, summaries
  - Eliciting and reinforcing change and commitment talk

Phases of MI-SI

- Phase I: Exploring the Presenting Problem
- Phase II: Building the Motivation to Live
- Phase III: Strengthening the Commitment to Living

We conducted a Pre-post Study to:

1. Examine acceptability of MI-SI (CSQ-8)

2. Explore the promise of MI-SI
   - Effect of MI-SI on the severity of SI (SSI)
   - Treatment engagement (TSR and chart review)

Design

- Pre-post
  - Screening Assessment
  - Baseline Assessment
  - 2 MI-SI sessions (over three days)
  - Post-treatment Assessment
  - Follow-up Assessment (face-to-face 60-days)

Eligibility

- Inclusion Criteria
  - Clinically cleared
  - From catchment area (Onondaga and surrounding counties)
  - Serious suicidal ideation (SSI Score > 2; Brown et al., 2000)
- Exclusion Criteria
  - Currently psychotic, manic, or demented

Measures

- Eligibility:
  - Beck Scale for Suicidal Ideation (SSI)
  - Mini-International Neuropsychiatric Interview (MINI)
  - Mini Mental Status Exam (MMSE)
- Acceptability:
  - Client Satisfaction Questionnaire (CSQ-8)
- Outcome:
  - SSI
  - Treatment Services Review (TSR) and

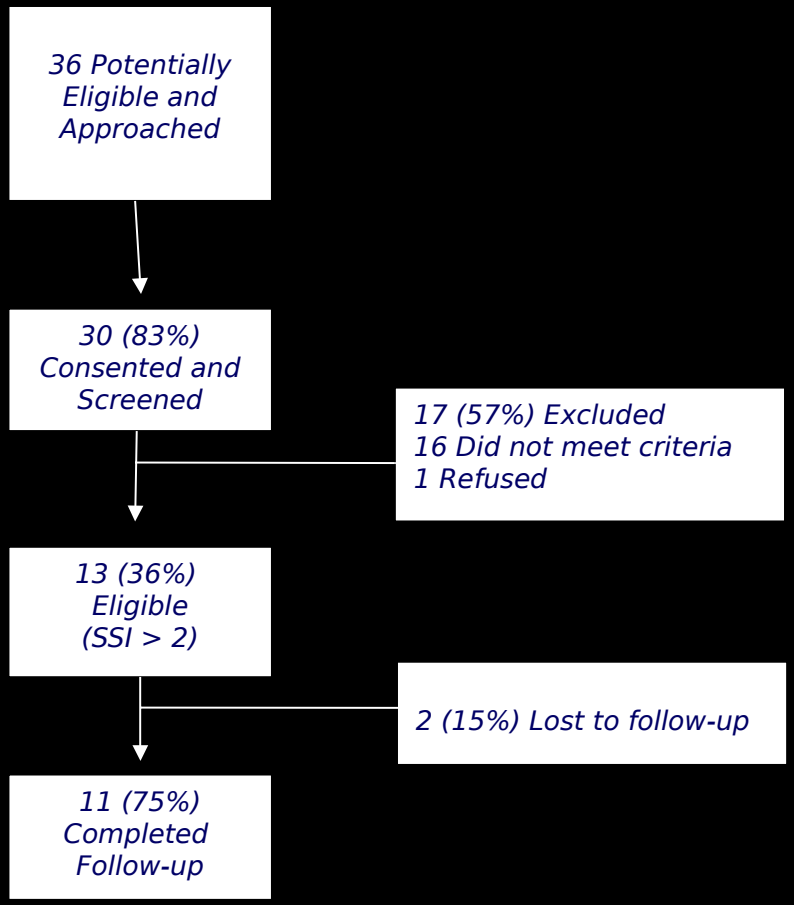
Measures (cont.)

- Psychopathology
  - Patient Health Questionnaire-9 (PHQ-9)
  - PTSD Checklist- Civilian version (PCL-C)
  - Alcohol Use Disorders Identification Test (AUDIT)
  - Drug Abuse Screening Test (DAST-10)
  - Inventory of Drug Use Consequences (InDUC)

Recruitment

- 5 1/2 months of recruiting
  - 2 days a week
  - 218 patients were admitted
  - 130 (60%) did not meet eligibility criteria
  - 52 (24%) were unavailable or scheduled for discharge within 48 hours of first contact

Participant Flow Chart


36 Potentially Eligible and Approached
30 (83%) Consented and Screened
17 (57%) Excluded
16 Did not meet criteria
1 Refused
13 (36%) Eligible (SSI > 2)
2 (15%) Lost to follow-up
11 (75%) Completed Follow-up

Sample

- All 13 were male
- Mean (SD) age was 46.77 (10.49)
- 9 (69.2%) were non-Hispanic white
- 7 (53.8%) had seen combat
- 8 (61.5%) had a previous suicide attempt (5 > 1 attempt)
- All 13 had been engaged in psychiatric, psychological, or substance abuse treatment in the past year
- 9 (70%) completed two MI-SI sessions and post-treatment assessment
- 11 (85%) completed the follow-up assessment

Chart Reviews and Baseline Measures of Psychopathology

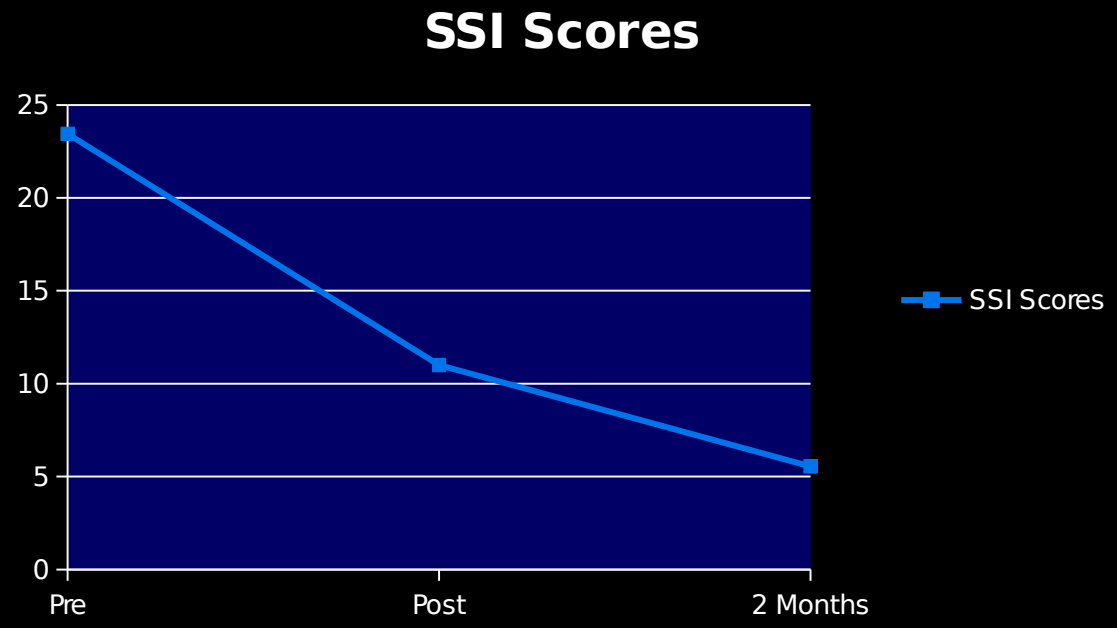
- Chart Reviews
  - 11 (85%) mood
  - 10 (77%) anxiety
  - 7 (54%) substance
  - 2 (15%) ADD

Measures	Baseline Mean (SD)	Cutoff
PHQ-9	21.46 (5.16)	10
PCL-C	63.08 (13.96)	48
AUDIT	14.77 (13.98)	5
DAST-10	3.62 (3.40)	3
INDUC	15.46 (14.12)	--

Acceptability of MI-SI

- Mean (SD) CSQ-8 score was 3.58 (.40), indicating that they were “3 = mostly” to “4 = very satisfied” with the intervention.

Promise of MI-SI



Outcomes at Post-treatment (N=9)

Measure	Pre Mean (SD)	Post Mean (SD)	Effect Size	% Below Cutoff
SSI	27.56 (4.88)	11 (10.44)	3.39	33.33 < 3

Outcomes at 60-day follow-up (N=11)

Measures	Pre Mean (SD)	Post Mean (SD)	Effect Size	% Below Cutoff
SSI	23.45 (9.19)	5.55 (9.32)	1.95	63.64 < 3

- 3 (23%) participants had an emergency department visit for psychiatric, psychological , or substance-related problems

- There were no suicide attempts.

Wish to die vs. Wish to live (Brown et al., 2001)

- Reverse scored the wish to live (SSI item 1) and subtracted it from the wish to die (item 2), with positive scores indicating a greater wish to die and negative scores a greater wish to live.
- Baseline mean (SD) = 1.08 (1.00)
- Post-treatment mean (SD) = -0.56 (1.13)
- Follow-up mean (SD) = -1.18 (1.08)

Treatment Linkage and Engagement

- 100% of participants were linked to mental health or substance abuse treatment.
- 7 of 11 (64%) completed 4 or more sessions.

Limitations

- No control group
- Conducted among ideators not attempters
- Outcome was suicidal ideation

Conclusions

- MI-SI is acceptable to high-risk Veterans
- MI-SI is promising enough to continue research with high-risk Veterans.